

Form **1041****U.S. Income Tax Return for Estates and Trusts****2006****D1 - (09/01/06)**

OMB No. 1545-0092

<b>A</b> Type of entity (see instr.): <input type="checkbox"/> Decedent's estate <input checked="" type="checkbox"/> Simple trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Qualified disability trust <input type="checkbox"/> ESBT (S portion only) <input type="checkbox"/> Grantor type trust <input type="checkbox"/> Bankruptcy estate-Ch. 7 <input type="checkbox"/> Bankruptcy estate-Ch. 11 <input type="checkbox"/> Pooled income fund	For calendar year 2006 or fiscal year beginning <b>01-01</b> , 2006, and ending <b>12-31</b> , 20 <b>06</b> Name of estate or trust (If a grantor type trust, see page 12 of the instructions.) <b>JOHN CORNING WARE TRUST</b> Name and title of fiduciary <b>JAMES W. CORRELL, JR.</b> Number, street, and room or suite no. (If a P.O. box, see page 12 of the instructions.) <b>PO BOX 428</b> City or town, state, and ZIP code <b>CAMBRIDGE MA 02141</b>	<b>C</b> Employer identification number <b>40-8888888</b> <b>D</b> Date entity created <b>12-23-1992</b> <b>E</b> Nonexempt charitable and split-interest trusts, check applicable boxes (see page 13 of the instr.): <input type="checkbox"/> Described in section 4947(a)(1) <input type="checkbox"/> Not a private foundation <input type="checkbox"/> Described in section 4947(a)(2) <input type="checkbox"/> Change in trust's name <input type="checkbox"/> Change in fiduciary's address
<b>B</b> Number of Schedules K-1 attached (see instructions) <b>2</b>	<b>F</b> Check applicable boxes: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Change in fiduciary <input type="checkbox"/> Change in fiduciary's name	

<b>G</b> Pooled mortgage account (see page 14 of the instructions): <input type="checkbox"/> Bought <input type="checkbox"/> Sold Date:		
<b>I</b>	<b>1</b> Interest income ..... <b>2 a</b> Total ordinary dividends ..... <b>b</b> Qualified dividends allocable to: (1) Beneficiaries ..... (2) Estate or trust <b>2,829</b> <b>3</b> Business income or (loss). Attach Schedule C or C-EZ (Form 1040) ..... <b>4</b> Capital gain or (loss). Attach Schedule D (Form 1041) ..... <b>5</b> Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040) ..... <b>6</b> Farm income or (loss). Attach Schedule F (Form 1040) ..... <b>7</b> Ordinary gain or (loss). Attach Form 4797 ..... <b>8</b> Other income. List type and amount <b>PENSION INCOME</b> ..... <b>9</b> <b>Total income.</b> Combine lines 1, 2a, and 3 through 8 .....	<b>1</b> <b>600</b> <b>2a</b> <b>2,843</b>  <b>3</b> <b>15,118</b> <b>4</b> <b>20,196</b> <b>5</b> <b>6,995</b> <b>6</b> ..... <b>7</b> ..... <b>8</b> <b>45,000</b> <b>9</b> <b>90,752</b>
<b>D</b>	<b>10</b> Interest. Check if Form 4952 is attached <input checked="" type="checkbox"/> ..... <b>11</b> Taxes ..... <b>12</b> Fiduciary fees ..... <b>13</b> Charitable deduction (from Schedule A, line 7) ..... <b>14</b> Attorney, accountant, and return preparer fees ..... <b>15 a</b> Other deductions <b>not</b> subject to the 2% floor (attach schedule) ..... <b>b</b> Allowable miscellaneous itemized deductions subject to the 2% floor ..... <b>16</b> Add lines 10 through 15b ..... <b>17</b> Adjusted total income or (loss). Subtract line 16 from line 9 ..... <b>17</b> <b>83,846</b> <b>18</b> Income distribution deduction. From Schedule B, line 15. Attach Schedules K-1 (Form 1041) ..... <b>19</b> Estate tax deduction including certain generation-skipping taxes (attach computation) ..... <b>20</b> Exemption ..... <b>21</b> Add lines 18 through 20 .....	<b>10</b> <b>218</b> <b>11</b> ..... <b>12</b> ..... <b>13</b> ..... <b>14</b> ..... <b>15a</b> <b>1,367</b> <b>15b</b> <b>5,321</b> <b>16</b> <b>6,906</b>  <b>17</b> ..... <b>18</b> <b>63,650</b> <b>19</b> ..... <b>20</b> <b>300</b> <b>21</b> <b>63,950</b>
<b>T</b>	<b>22</b> Taxable income. Subtract line 21 from line 17. If a loss, see page 20 of the instructions ..... <b>23</b> <b>Total tax</b> (from Schedule G, line 7) ..... <b>24</b> <b>Payments:</b> a 2006 estimated tax payments and amount applied from 2005 return ..... <b>b</b> Estimated tax payments allocated to beneficiaries (from Form 1041-T) ..... <b>c</b> Subtract line 24b from line 24a ..... <b>d</b> Tax paid with Form 7004 (see page 20 of the instructions) ..... <b>e</b> Federal income tax withheld. If any is from Form(s) 1099, check <input type="checkbox"/> ..... <b>f</b> Credit for federal telephone excise tax paid. Attach Form 8913 ..... Other payments: <b>g</b> Form 2439 ..... ; <b>h</b> Form 4136 ..... ; Total ..... <b>25</b> <b>Total payments.</b> Add lines 24c through 24f, and 24i ..... <b>26</b> Estimated tax penalty (see page 20 of the instructions) ..... <b>27</b> <b>Tax due.</b> If line 25 is smaller than the total of lines 23 and 26, enter amount owed ..... <b>28</b> <b>Overpayment.</b> If line 25 is larger than the total of lines 23 and 26, enter amount overpaid ..... <b>29</b> Amount of line 28 to be: <b>a</b> Credited to 2007 estimated tax ..... ; <b>b</b> Refunded .....	<b>22</b> <b>19,896</b> <b>23</b> <b>2,784</b>  <b>24a</b> ..... <b>24b</b> ..... <b>24c</b> ..... <b>24d</b> ..... <b>24e</b> ..... <b>24f</b> ..... <b>24i</b> ..... <b>25</b> ..... <b>26</b> ..... <b>27</b> <b>2,784</b> <b>28</b> ..... <b>29</b> .....

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary

Date

EIN of fiduciary if a financial institution

 May the IRS discuss this return with the preparer shown below (see instr.)? ☒ Yes ☐ No
**Paid Preparer's Use Only**

Preparer's signature

Date

Check if self-employed ☒

Preparer's SSN or PTIN

**123-45-6789**

Firm's name (or yours if self-employed), address, and ZIP code

**DRAKE INCOME TAX**  
**235 PALMER STREET**  
**FRANKLIN NC 28734-1234**
EIN **56-1494243**Phone no. **828-888-8888**

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **1041** (2006)

**Schedule A Charitable Deduction.** Do not complete for a simple trust or a pooled income fund.

1	Amounts paid or permanently set aside for charitable purposes from gross income (see page 21)	1	
2	Tax-exempt income allocable to charitable contributions (see page 21 of the instructions)	2	
3	Subtract line 2 from line 1	3	
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	
5	Add lines 3 and 4	5	
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes (see page 21 of the instructions)	6	
7	<b>Charitable deduction.</b> Subtract line 6 from line 5. Enter here and on page 1, line 13	7	

**Schedule B Income Distribution Deduction**

1	Adjusted total income (see page 22 of the instructions)	1	83,846
2	Adjusted tax-exempt interest	2	
3	Total net gain from Schedule D (Form 1041), line 15, column (1) (see page 22 of the instructions)	3	
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)	4	
5	Capital gains for the tax year included on Schedule A, line 1 (see page 22 of the instructions)	5	
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	6	(20,196)
7	<b>Distributable net income (DNI).</b> Combine lines 1 through 6. If zero or less, enter -0-	7	63,650
8	If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law	8	
9	Income required to be distributed currently	9	70,556
10	Other amounts paid, credited, or otherwise required to be distributed	10	
11	Total distributions. Add lines 9 and 10. If greater than line 8, see page 22 of the instructions	11	70,556
12	Enter the amount of tax-exempt income included on line 11	12	
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	70,556
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	14	63,650
15	<b>Income distribution deduction.</b> Enter the smaller of line 13 or line 14 here and on page 1, line 18	15	63,650

**Schedule G Tax Computation** (see page 23 of the instructions)

1	<b>Tax:</b> a Tax on taxable income (see page 23 of the instructions)	1a	2,784	
	b Tax on lump-sum distributions. Attach Form 4972	1b		
	c Alternative minimum tax (from Schedule I, line 56)	1c		
	d <b>Total.</b> Add lines 1a through 1c	1d	2,784	
2a	Foreign tax credit. Attach Form 1116	2a		
b	Other nonbusiness credits (attach schedule)	2b		
c	General business credit. Enter here and check which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Forms (specify) ▶	2c		
d	Credit for prior year minimum tax. Attach Form 8801	2d		
3	<b>Total credits.</b> Add lines 2a through 2d	3		
4	Subtract line 3 from line 1d. If zero or less, enter -0-	4	2,784	
5	Recapture taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611	5		
6	Household employment taxes. Attach Schedule H (Form 1040)	6		
7	<b>Total tax.</b> Add lines 4 through 6. Enter here and on page 1, line 23	7	2,784	

**Other Information**

	Yes	No
1 Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses Enter the amount of tax-exempt interest income and exempt-interest dividends ▶\$		
2 Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement?		X
3 At any time during calendar year 2006, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See page 25 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶		X
4 During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the estate or trust may have to file Form 3520. See page 25 of the instructions		X
5 Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see page 25 for required attachment		X
6 If this is an estate or a complex trust making the section 663(b) election, check here (see page 25) ▶ <input type="checkbox"/>		
7 To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here (see page 25) ▶ <input type="checkbox"/>		
8 If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and check here ▶ <input type="checkbox"/>		
9 Are any present or future trust beneficiaries skip persons? See page 26 of the instructions		X

**Schedule I Alternative Minimum Tax (AMT)** (see pages 26 through 32 of the instructions)**Part I - Estate's or Trust's Share of Alternative Minimum Taxable Income**

1	Adjusted total income or (loss) (from page 1, line 17)	1	83,846
2	Interest	2	
3	Taxes	3	
4	Miscellaneous itemized deductions (from page 1, line 15b)	4	5,321
5	Refund of taxes	5	( )
6	Depletion (difference between regular tax and AMT)	6	
7	Net operating loss deduction. Enter as a positive amount	7	
8	Interest from specified private activity bonds exempt from the regular tax	8	
9	Qualified small business stock (see page 27 of the instructions)	9	
10	Exercise of incentive stock options (excess of AMT income over regular tax income)	10	
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	11	
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	12	
13	Disposition of property (difference between AMT and regular tax gain or loss)	13	
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	14	500
15	Passive activities (difference between AMT and regular tax income or loss)	15	
16	Loss limitations (difference between AMT and regular tax income or loss)	16	
17	Circulation costs (difference between regular tax and AMT)	17	
18	Long-term contracts (difference between AMT and regular tax income)	18	
19	Mining costs (difference between regular tax and AMT)	19	
20	Research and experimental costs (difference between regular tax and AMT)	20	
21	Income from certain installment sales before January 1, 1987	21	( )
22	Intangible drilling costs preference	22	
23	Other adjustments, including income-based related adjustments	23	
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)	24	( )
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24	25	89,667
26	Income distribution deduction from Part II, line 44	26	69,471
27	Estate tax deduction (from page 1, line 19)	27	
28	Add lines 26 and 27	28	69,471
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25	29	20,196

**Note:** Complete Part II below before going to line 26.

- If line 29 is:
- \$22,500 or less, stop here and enter -0- on Schedule G, line 1c. The estate or trust is not liable for the alternative minimum tax.
  - Over \$22,500, but less than \$165,000, go to line 45.
  - \$165,000 or more, enter the amount from line 29 on line 51 and go to line 52.

**Part II - Income Distribution Deduction on a Minimum Tax Basis**

30	Adjusted alternative minimum taxable income (see page 30 of the instructions)	30	89,667
31	Adjusted tax-exempt interest (other than amounts included on line 8)	31	
32	Total net gain from Schedule D (Form 1041), line 15, column (1). If a loss, enter -0-	32	
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Schedule A, line 4)	33	
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see page 30 of the instructions)	34	
35	Capital gains computed on a minimum tax basis included on line 25	35	( 20,196 )
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount	36	
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-	37	69,471
38	Income required to be distributed currently (from Schedule B, line 9)	38	70,556
39	Other amounts paid, credited, or otherwise required to be distributed (from Schedule B, line 10)	39	
40	Total distributions. Add lines 38 and 39	40	70,556
41	Tax-exempt income included on line 40 (other than amounts included on line 8)	41	
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40	42	70,556
43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 37. If zero or less, enter -0-	43	69,471
44	<b>Income distribution deduction on a minimum tax basis.</b> Enter the smaller of line 42 or line 43. Enter here and on line 26	44	69,471

**Part III - Alternative Minimum Tax**

45	Exemption amount . . . . .		45	\$22,500.00
46	Enter the amount from line 29 . . . . .	46		
47	Phase-out of exemption amount . . . . .	47	\$75,000.00	
48	Subtract line 47 from line 46. If zero or less, enter -0- . . . . .	48		
49	Multiply line 48 by 25% (.25) . . . . .	49		
50	Subtract line 49 from line 45. If zero or less, enter -0- . . . . .	50		
51	Subtract line 50 from line 46 . . . . .	51		
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 14a and 15 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 51 is- • \$175,000 or less, multiply line 51 by 26% (.26). • Over \$175,000, multiply line 51 by 28% (.28) and subtract \$3,500 from the result . . . . .	52		
53	Alternative minimum foreign tax credit (see page 30 of the instructions) . . . . .	53		
54	Tentative minimum tax. Subtract line 53 from line 52 . . . . .	54		
55	Enter the tax from Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a) . . . . .	55		
56	<b>Alternative minimum tax.</b> Subtract line 55 from line 54. If zero or less, enter -0-. Enter here and on Schedule G, line 1c . . . . .	56		

**Part IV - Line 52 Computation Using Maximum Capital Gains Rates**

**Caution:** If you did not complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet, see page 32 of the instructions before completing this part.

57	Enter the amount from line 51 . . . . .	57	
58	Enter the amount from Schedule D (Form 1041), line 22, line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet, whichever applies (as refigured for the AMT, if necessary) . . . . .	58	
59	Enter the amount from Schedule D (Form 1041), line 14b, column (2) (as refigured for the AMT, if necessary). If you did not complete Schedule D for the regular tax or the AMT, enter -0- . . . . .	59	
60	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter the <b>smaller</b> of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary) . . . . .	60	
61	Enter the <b>smaller</b> of line 57 or line 60 . . . . .	61	
62	Subtract line 61 from line 57 . . . . .	62	
63	If line 62 is \$175,000 or less, multiply line 62 by 26% (.26). Otherwise, multiply line 62 by 28% (.28) and subtract \$3,500 from the result . . . . . ▶	63	
64	Maximum amount subject to the 5% rate . . . . .	64	\$2,050.00
65	Enter the amount from line 23 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete Schedule D or either worksheet for the regular tax, enter -0- . . . . .	65	
66	Subtract line 65 from line 64. If zero or less, enter -0- . . . . .	66	
67	Enter the <b>smaller</b> of line 57 or line 58 . . . . .	67	
68	Enter the <b>smaller</b> of line 66 or line 67 . . . . .	68	
69	Multiply line 68 by 5% (.05) . . . . . ▶	69	
70	Subtract line 68 from line 67 . . . . .	70	
71	Multiply line 70 by 15% (.15) . . . . . ▶	71	
	<b>If line 59 is zero or blank, skip lines 72 and 73 and go to line 74. Otherwise, go to line 72.</b>		
72	Subtract line 67 from line 61 . . . . .	72	
73	Multiply line 72 by 25% (.25) . . . . . ▶	73	
74	Add lines 63, 69, 71, and 73 . . . . .	74	
75	If line 57 is \$175,000 or less, multiply line 57 by 26% (.26). Otherwise, multiply line 57 by 28% (.28) and subtract \$3,500 from the result . . . . .	75	
76	Enter the <b>smaller</b> of line 74 or line 75 here and on line 52 . . . . .	76	

**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Profit or Loss From Business**  
**(Sole Proprietorship)**

► **Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.**  
► **Attach to Form 1040 or Form 1041.** ► **See Instructions for Schedule C (Form 1040).**

OMB No. 1545-0074

**2006**

Attachment  
Sequence No. **09**

Name of proprietor <b>JOHN CORNING WARE TRUST</b>		Social security number (SSN) <b>40-8888888</b>
A Principal business or profession, including product or service (see page C-2 of the instructions) <b>DISHES</b>		B Enter code from pages C-7, 8, & 9 ► <b>327210</b>
C Business name. If no separate business name, leave blank. <b>CORNEY WARE</b>		D Employer ID number (EIN), if any <b>12-3456789</b>
E Business address (including suite or room no.) ► <b>9988 PLATE PLACE</b> City, town or post office, state, and ZIP code <b>CAMBRIDGE MA 02141</b>		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2006? If "No," see page C-3 for limit on losses . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2006, check here . . . . . ► <input type="checkbox"/>		

<b>Part I Income</b>		
1 Gross receipts or sales. <b>Caution.</b> If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here . . . . . ► <input type="checkbox"/>	1	350,000
2 Returns and allowances . . . . .	2	
3 Subtract line 2 from line 1 . . . . .	3	350,000
4 Cost of goods sold (from line 42 on page 2) . . . . .	4	150,760
5 <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	5	199,240
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3) . . . . .	6	
7 <b>Gross income.</b> Add lines 5 and 6 . . . . . ►	7	199,240

<b>Part II Expenses.</b> Enter expenses for business use of your home <b>only</b> on line 30.					
8 Advertising . . . . .	8	3,575	18 Office expense	18	7,583
9 Car and truck expenses (see page C-3) . . . . .	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees . . . . .	10		20 Rent or lease (see page C-5):		
11 Contract labor (see page C-4) . . . . .	11		a Vehicles, machinery, and equipment . . . . .	20a	
12 Depletion . . . . .	12		b Other business property . . . . .	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-4) . . . . .	13	10,644	21 Repairs and maintenance . . . . .	21	1,522
14 Employee benefit programs (other than on line 19) . . . . .	14		22 Supplies (not included in Part III) . . . . .	22	
15 Insurance (other than health) . . . . .	15		23 Taxes and licenses . . . . .	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.) . . . . .	16a		a Travel . . . . .	24a	135,798
b Other . . . . .	16b		b Deductible meals and entertainment (see page C-5) . . . . .	24b	
17 Legal and professional services . . . . .	17	25,000	25 Utilities . . . . .	25	
			26 Wages (less employment credits) . . . . .	26	
			27 Other expenses (from line 48 on page 2) . . . . .	27	

28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27 in columns . . . . . ►	28	184,122
29 Tentative profit (loss). Subtract line 28 from line 7 . . . . .	29	15,118
30 Expenses for business use of your home. Attach <b>Form 8829</b> . . . . .	30	
31 <b>Net profit or (loss).</b> Subtract line 30 from line 29. ● If a profit, enter on <b>Form 1040, line 12</b> , and also on <b>Schedule SE, line 2</b> (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. ● If a loss, you <b>must</b> go to line 32.	31	15,118
32 If you have a loss, check the box that describes your investment in this activity (see page C-6). ● If you checked 32a, enter the loss on <b>Form 1040, line 12</b> , and also on <b>Schedule SE, line 2</b> (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. ● If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.	32a	<input type="checkbox"/> All investment is at risk.
	32b	<input type="checkbox"/> Some investment is not at risk.

SSN

40-88888888

33 Method(s) used to value closing inventory: a ☒ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . ☐ Yes ☐ No

<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . .	<b>35</b>	<b>35,433</b>
-----------	---	-----------	---------------

<b>36</b>	Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>	<b>93,522</b>
-----------	---	-----------	---------------

<b>37</b>	Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>	<b>47,250</b>
-----------	--	-----------	---------------

<b>38</b>	Materials and supplies . . . . .	<b>38</b>
-----------	----------------------------------	-----------

39	Other costs . . . . .	39
----	-----------------------	----

<b>40</b>	Add lines 35 through 39 . . . . .	<b>40</b>	176,205
-----------	-----------------------------------	-----------	---------

<b>41</b>	Inventory at end of year . . . . .	<b>41</b>	<b>25,445</b>
-----------	------------------------------------	-----------	---------------

<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on page 1, line 4 . . . . .	<b>42</b>	<b>150,760</b>
-----------	---	-----------	----------------

**43** When did you place your vehicle in service for business purposes? (year, month, day) ►

**44** Of the total number of miles you drove your vehicle during 2006, enter the number of miles you used your vehicle for:

**a** Business                      **b** Commuting (see instructions)                      **c** Other

45 Do you (or your spouse) have another vehicle available for personal use? . . . . . ☐ Yes ☐ No

46 Was your vehicle available for personal use during off-duty hours? . . . . . ☐ Yes ☐ No

**47 a** Do you have evidence to support your deduction? . . . . . ☐ Yes ☐ No

**b** If "Yes," is the evidence written? . . . . . ☐ Yes ☐ No

[illegible]

48	<b>Total other expenses.</b> Enter here and on page 1, line 27 . . . . .	48
----	--	----

**SCHEDULE D  
(Form 1041)**Department of the Treasury  
Internal Revenue Service**Capital Gains and Losses**▶ **Attach to Form 1041, Form 5227, or Form 990-T. See the separate  
instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).**

OMB No. 1545-0092

**2006**

Name of estate or trust

**JOHN CORNING WARE TRUST**

Employer identification number

**40-8888888****Note:** Form 5227 filers need to complete **only** Parts I and II.**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (yr., mo., day)	(c) Date sold (yr., mo., day)	(d) Sales price	(e) Cost or other basis (see page 34)	(f) Gain or (Loss) for the entire year (col. (d) less col. (e))
<b>SHORT TERM LOSS</b>	<b>20060415</b>	<b>20060915</b>		<b>2,667</b>	<b>( 2,667 )</b>
<b>SHORT TERM GAIN</b>	<b>20060515</b>	<b>20060915</b>	<b>1,553</b>		<b>1,553</b>
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .				2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .				3	
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2005 Capital Loss Carryover Worksheet . . . . .				4	( )
5 <b>Net short-term gain or (loss).</b> Combine lines 1 through 4 in column (f). Enter here and on line 13, column (3) below . . . . . ▶				5	<b>( 1,114 )</b>

**Part II Long - Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (yr., mo., day)	(c) Date sold (yr., mo., day)	(d) Sales price	(e) Cost or other basis (see page 34)	(f) Gain or (Loss) for the entire year (col. (d) less col. (e))
6					
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .				7	<b>21,310</b>
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .				8	
9 Capital gain distributions . . . . .				9	
10 Gain from Form 4797, Part I . . . . .				10	
11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2005 Capital Loss Carryover Worksheet . . . . .				11	( )
12 <b>Net long-term gain or (loss).</b> Combine lines 6 through 11 in column (f). Enter here and on line 14a, column (3) below . . . . . ▶				12	<b>21,310</b>

**Part III Summary of Parts I and II****Caution:** Read the instructions **before** completing this part.

		(1) Beneficiaries' (see page 36)	(2) Estate's or trust's	(3) Total
13 <b>Net short-term gain or (loss)</b> . . . . .	13		<b>( 1,114 )</b>	<b>( 1,114 )</b>
14 <b>Net long-term gain or (loss):</b>				
a Total for year . . . . .	14a		<b>21,310</b>	<b>21,310</b>
b Unrecaptured section 1250 gain (see line 18 of the worksheet on page 35) . . . . .	14b			
c 28% rate gain or (loss) . . . . .	14c			
15 <b>Total net gain or (loss).</b> Combine lines 13 and 14a . . . . . ▶	15		<b>20,196</b>	<b>20,196</b>

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 14a and 15, column (2), are net gains, go to Part V, and  
**do not** complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.**For Paperwork Reduction Act Notice, see the Instructions for Form 1041.****Schedule D (Form 1041) 2006**

**Part IV Capital Loss Limitation****16** Enter here and enter as a (loss) on Form 1041, line 4, the **smaller** of:**a** The loss on line 15, column (3) **or****b** \$3,000 **16** ( )If the loss on line 15, column (3), is more than \$3,000, **or** if Form 1041, page 1, line 22, is a loss, complete the **Capital Loss****Carryover Worksheet** on page 37 of the instructions to determine your capital loss carryover.**Part V Tax Computation Using Maximum Capital Gains Rates** (Complete this part **only** if both lines 14a and

15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041,

line 2b(2), **and** Form 1041, line 22 is more than zero.)**Note:** If line 14b, column (2) or line 14c, column (2) is more than zero, complete the worksheet on page 38 of the instructions and skip Part V. Otherwise, go to line 17.

<b>17</b> Enter taxable income from Form 1041, line 22	<b>17</b>	<b>19,896</b>
<b>18</b> Enter the <b>smaller</b> of line 14a or 15 in column (2) but not less than zero	<b>18</b>	<b>20,196</b>
<b>19</b> Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2)	<b>19</b>	<b>2,829</b>
<b>20</b> Add lines 18 and 19	<b>20</b>	<b>23,025</b>
<b>21</b> If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	<b>21</b>	
<b>22</b> Subtract line 21 from line 20. If zero or less, enter -0-	<b>22</b>	<b>23,025</b>
<b>23</b> Subtract line 22 from line 17. If zero or less, enter -0-	<b>23</b>	
<b>24</b> Enter the <b>smaller</b> of the amount on line 17 or \$2,050	<b>24</b>	<b>2,000</b>
<b>25</b> Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> <b>Yes.</b> Skip lines 25 through 27; go to line 28 and check the "No" box. <input checked="" type="checkbox"/> <b>No.</b> Enter the amount from line 23	<b>25</b>	
<b>26</b> Subtract line 25 from line 24	<b>26</b>	<b>2,000</b>
<b>27</b> Multiply line 26 by 5% (.05)	<b>27</b>	<b>100</b>
<b>28</b> Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> <b>Yes.</b> Skip lines 28 through 31; go to line 32. <input checked="" type="checkbox"/> <b>No.</b> Enter the <b>smaller</b> of line 17 or line 22	<b>28</b>	<b>19,896</b>
<b>29</b> Enter the amount from line 26 (If line 26 is blank, enter -0-)	<b>29</b>	<b>2,000</b>
<b>30</b> Subtract line 29 from line 28	<b>30</b>	<b>17,896</b>
<b>31</b> Multiply line 30 by 15% (.15)	<b>31</b>	<b>2,684</b>
<b>32</b> Figure the tax on the amount on line 23. Use the 2006 Tax Rate Schedule on page 23 of the instructions	<b>32</b>	
<b>33</b> Add lines 27, 31, and 32	<b>33</b>	<b>2,784</b>
<b>34</b> Figure the tax on the amount on line 17. Use the 2006 Tax Rate Schedule on page 23 of the instructions	<b>34</b>	<b>6,070</b>
<b>35 Tax on all taxable income.</b> Enter the <b>smaller</b> of line 33 or line 34 here and on line 1a of Schedule G, Form 1041	<b>35</b>	<b>2,784</b>



## Investment Interest Expense Deduction

▶ Attach to your tax return.

OMB No. 1545-0191

2006

Attachment  
Sequence No. 51

Name(s) shown on return

JOHN CORNING WARE TRUST

Identifying number

40-8888888

**Part I** Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2006 (see instructions) . . . . .	1	140
2	Disallowed investment interest expense from 2005 Form 4952, line 7 . . . . .	2	78
3	<b>Total investment interest expense.</b> Add lines 1 and 2 . . . . .	3	218

**Part II** Net Investment Income

4 a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) . . . . .	4a	10,438	
4 b	Qualified dividends included on line 4a . . . . .	4b	2,829	
4 c	Subtract line 4b from line 4a . . . . .	4c	7,609	
4 d	Net gain from the disposition of property held for investment . . . . .	4d		
4 e	Enter the <b>smaller</b> of line 4d or your net capital gain from the disposition of property held for investment (see instructions) . . . . .	4e		
4 f	Subtract line 4e from line 4d . . . . .	4f	0	
4 g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions) . . . . .	4g		
4 h	Investment income. Add lines 4c, 4f, and 4g . . . . .	4h	7,609	
5	Investment expenses (see instructions) . . . . .	5		
6	<b>Net investment income.</b> Subtract line 5 from line 4h. If zero or less, enter -0- . . . . .	6	7,609	

**Part III** Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2007. Subtract line 6 from line 3. If zero or less, enter -0- . . . . .	7	0
8	<b>Investment interest expense deduction.</b> Enter the <b>smaller</b> of line 3 or 6. See instructions . . . . .	8	218

For Paperwork Reduction Act Notice, see instructions.

EEA

Form 4952 (2006)

**SCHEDULE E**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Supplemental Income and Loss**(From rental real estate, royalties, partnerships,  
S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2006**Attachment  
Sequence No. **13**

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ See Instructions for Schedule E (Form 1040).

Name(s) shown on return

Your social security number

**JOHN CORNING WARE TRUST****40-8888888****Part I** **Income or Loss From Rental Real Estate and Royalties** **Note.** If you are in the business of renting personal property, use **Schedule C or C-EZ** (see page E-3). Report farm rental income or loss from **Form 4835** on page 2, line 40.

<b>1</b>	List the type and location of each <b>rental real estate property</b> :	<b>2</b>	For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:	<b>Yes</b>	<b>No</b>
<b>A</b>	<b>RENTAL PROPERTY</b>		• 14 days <b>or</b>	<b>A</b>	<b>X</b>
	<b>CAMBRIDGE MA</b>		• 10% of the total days rented at fair rental value?	<b>B</b>	
<b>B</b>			(See page E-3.)	<b>C</b>	
<b>C</b>					

<b>Income:</b>		<b>Properties</b>			<b>Totals</b>	
		<b>A</b>	<b>B</b>	<b>C</b>	(Add columns A, B, and C.)	
<b>3</b>	Rents received . . . . .	<b>3</b>	<b>6,995</b>		<b>3</b>	<b>6,995</b>
<b>4</b>	Royalties received . . . . .	<b>4</b>			<b>4</b>	
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see page E-4) . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>				
<b>8</b>	Commissions . . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see page E-4) . . . . .	<b>12</b>			<b>12</b>	
<b>13</b>	Other interest . . . . .	<b>13</b>				
<b>14</b>	Repairs . . . . .	<b>14</b>				
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities . . . . .	<b>17</b>				
<b>18</b>	Other (list) ▶	<b>18</b>				
<b>19</b>	Add lines 5 through 18 . . . . .	<b>19</b>			<b>19</b>	
<b>20</b>	Depreciation expense or depletion (see page E-4) . . . . .	<b>20</b>			<b>20</b>	
<b>21</b>	Total expenses. Add lines 19 and 20 .	<b>21</b>				
<b>22</b>	Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file <b>Form 6198</b> . . . . .	<b>22</b>	<b>6,995</b>			
<b>23</b>	Deductible rental real estate loss. <b>Caution.</b> Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file <b>Form 8582</b> . Real estate professionals must complete line 43 on page 2 . . . . .	<b>23</b>	( )	( )	( )	
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 22. <b>Do not</b> include any losses . . . . .	<b>24</b>				<b>6,995</b>
<b>25</b>	<b>Losses.</b> Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	<b>25</b>				( )
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	<b>26</b>				<b>6,995</b>

For Paperwork Reduction Act Notice, see page E-7 of the instructions.

EEA

Schedule E (Form 1040) 2006

**Schedule K-1**  
**(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**2006**

For calendar year 2006,  
or tax year beginning 01-01, 2006  
and ending 12-31, 2006

**Beneficiary's Share of Income, Deductions,  
Credits, etc.**

► See instructions.

Part I Information About the Estate or Trust	
A	Estate's or trust's employer identification number <b>40-8888888</b>
B	Estate's or trust's name <b>JOHN CORNING WARE TRUST</b>
C	Fiduciary's name, address, city, state and ZIP code <b>JAMES W. CORRELL, JR.</b> <b>PO BOX 428</b> <b>CAMBRIDGE MA 02141</b>
D	<input type="checkbox"/> Check if Form 1041-T was filed and enter the date it was filed _____
E	<input type="checkbox"/> Check if this is the final Form 1041 for the estate or trust
F	<input type="checkbox"/> Tax shelter registration number, if any _____
G	<input type="checkbox"/> Check if Form 8271 is attached
Part II Information About the Beneficiary	
H	Beneficiary's identifying number <b>654-98-7321</b>
I	Beneficiary's name, address, city, state and ZIP code <b>CAROL CORNING WARE</b> <b>1 ELM STREET</b> <b>CAMBRIDGE MA 02141</b>
J	<input checked="" type="checkbox"/> Domestic beneficiary <input type="checkbox"/> Foreign beneficiary

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items	
1 Interest income <b>271</b>	11 Final year deductions
2a Ordinary dividends <b>1,283</b>	
2b Qualified dividends	
3 Net short-term capital gain	
4a Net long-term capital gain	
4b 28% rate gain	12 Alternative minimum tax adjustment
4c Unrecaptured section 1250 gain	
5 Other portfolio and nonbusiness income <b>20,298</b>	
6 Ordinary business income <b>6,819</b>	
7 Net rental real estate income <b>3,155</b>	13 Credits and credit recapture
8 Other rental income	
9 Directly apportioned deductions	14 Other information
10 Estate tax deduction	
* See attached statement for additional information. <b>Note:</b> A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.	
F o r  I R S  U s e  O n l y	

**Schedule K-1**  
**(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**2006**

For calendar year 2006,  
or tax year beginning 01-01, 2006  
and ending 12-31, 2006

**Beneficiary's Share of Income, Deductions,  
Credits, etc.**

► See instructions.

Part I Information About the Estate or Trust	
A	Estate's or trust's employer identification number <b>40-8888888</b>
B	Estate's or trust's name <b>JOHN CORNING WARE TRUST</b>
C	Fiduciary's name, address, city, state and ZIP code <b>JAMES W. CORRELL, JR.</b> <b>PO BOX 428</b> <b>CAMBRIDGE MA 02141</b>
D	<input type="checkbox"/> Check if Form 1041-T was filed and enter the date it was filed _____
E	<input type="checkbox"/> Check if this is the final Form 1041 for the estate or trust
F	<input type="checkbox"/> Tax shelter registration number, if any _____
G	<input type="checkbox"/> Check if Form 8271 is attached
Part II Information About the Beneficiary	
H	Beneficiary's identifying number <b>456-78-9211</b>
I	Beneficiary's name, address, city, state and ZIP code <b>BILLY BOWL</b> <b>15 MAIN STREET</b> <b>CAMBRIDGE MA 02141</b>
J	<input checked="" type="checkbox"/> Domestic beneficiary <input type="checkbox"/> Foreign beneficiary

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items	
1 Interest income <b>270</b>	11 Final year deductions
2a Ordinary dividends <b>1,282</b>	
2b Qualified dividends	
3 Net short-term capital gain	
4a Net long-term capital gain	
4b 28% rate gain	12 Alternative minimum tax adjustment
4c Unrecaptured section 1250 gain	
5 Other portfolio and nonbusiness income <b>20,297</b>	
6 Ordinary business income <b>6,819</b>	
7 Net rental real estate income <b>3,155</b>	13 Credits and credit recapture
8 Other rental income	
9 Directly apportioned deductions	14 Other information
10 Estate tax deduction	
* See attached statement for additional information. <b>Note:</b> A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.	
F o r  I R S  U s e  O n l y	

## Massachusetts Fiduciary Income Tax Return

Year beginning **01012006** Ending **12312006**

JOHN CORNING WARE TRUST 40-8888888  
JAMES W. CORRELL, JR.  
PO BOX 428 CAMBRIDGE MA 02141

Company account number ▶ Date entity created ▶ 12231992

Select applicable items:	<input type="checkbox"/> Initial return	<input type="checkbox"/> Final return	<input checked="" type="checkbox"/> Resident estate or trust	<input type="checkbox"/> Nonresident estate or trust
<input type="checkbox"/> Nonresident beneficiaries listed on return	<input type="checkbox"/> Consolidated Form 2G	<input type="checkbox"/> Decedent's estate	<input checked="" type="checkbox"/> Simple trust	<input type="checkbox"/> Complex trust
<input type="checkbox"/> Guardianship/conservatorship	<input type="checkbox"/> Trustee in bankruptcy	<input type="checkbox"/> Qualified funeral trust	<input type="checkbox"/> Change in fiduciary	<input type="checkbox"/> Change
<input type="checkbox"/> in fiduciary's name	<input type="checkbox"/> Change in fiduciary's address	<input type="checkbox"/> Change in trust's name	<input type="checkbox"/> Filing Schedule TDS	
If amended return, fill in:	<input type="checkbox"/> Increase in tax	<input type="checkbox"/> No change in tax	<input type="checkbox"/> Decrease in tax	

1.	Wages, salaries, tips and other employee compensation	▶ 1	
2.	Taxable pensions and annuities	▶ 2	45000
3.	Business/profession or farm income or loss	▶ 3	15118
4.	Rental, royalty and REMIC income or loss	▶ 4	6995
5.	Total Part B 5.3% interest from Massachusetts banks	▶ 5	600
6.	Other Part B 5.3% income	▶ 6	
7.	Total Part B 5.3% income. Add lines 1 through 6	7	67713
8.	Deductions allowed decedents	▶ 8	
9.	Total Part B 5.3% income less deductions allowed decedents. Subtract line 8 from line 7	9	67713
10.	Income distribution deduction	▶ 10	67713
11.	Part B 5.3% income taxable to fiduciary. Subtract line 10 from line 9. Not less than "0"	11	0
12.	Nonresident/charitable deduction. Not less than "0."	▶ 12	0
13.	Net Part B 5.3% income taxable to fiduciary. Subtract line 12 from line 11. Not less than "0"	13	0

**SIGN HERE.** Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Signature of fiduciary	Date	Print paid preparer's name	Paid preparer's SSN or PTIN
	11032006	ASHRAF PATEL	123-45-6789
Title	Paid preparer's phone		Paid preparer's EIN
TITLEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE	828-888-8888		56-1494243

May the Department of Revenue discuss this return with the preparer shown here? ▶ ☒ Yes

Paid preparer's signature	Date	Check if self-employed
		<b>X</b>

**PRIVACY ACT NOTICE AVAILABLE UPON REQUEST**

11-03-2006 15:54:17

Massachusetts Fiduciary Income Tax Return

JOHN CORNING WARE TRUST

40-8888888

**Part A Interest and Dividend Income**

14.	Part A 5.3% interest and dividend income	▶ 14	1729
15.	Part A 5.3% common trust fund interest and dividend income	▶ 15	
16.	Total Part A 5.3% interest and dividend income. Add lines 14 and 15	16	1729
17.	Income distribution deduction	▶ 17	1729
18.	Part A 5.3% interest and dividend income taxable to fiduciary. Subtract line 17 from line 16. Not less than "0"	▶ 18	
19.	Nonresident/charitable deduction. Not less than "0."	▶ 19	
20.	Net Part A 5.3% interest and dividend income taxable to fiduciary. Subtract line 19 from line 18. Not less than "0"	20	0
21.	Net Part A and Part B 5.3% income taxable to fiduciary. Add lines 13 and 20	21	
22.	Tax	22	

**Part A 12% Capital Gains**

23.	Taxable Part A 12% capital gains. Not less than "0"	▶ 23	0
24.	Part A 12% short-term common trust fund capital gains	▶ 24	
25.	Total Part A 12% capital gains. Add lines 23 and 24	25	
26.	Income distribution deduction	▶ 26	
27.	Part A 12% capital gains taxable to fiduciary. Subtract line 26 from line 25. Not less than "0"	27	
28.	Nonresident/charitable deduction. Not less than "0."	▶ 28	
29.	Net Part A 12% capital gain income taxable to fiduciary. Subtract line 28 from line 27. Not less than "0"	29	0
30.	12% tax.	30	

**Part C 5.3% Capital Gains**

31.	Part C 5.3% long-term capital gains. Not less than "0." If filing Schedule D-IS, Installment Sales, fill in	▶ ▶ 31	21310
32.	Part C 5.3% long-term common trust fund capital gains	▶ 32	
33.	Total Part C 5.3% long-term capital gains. Add lines 31 and 32	33	21310
34.	Income distribution deduction	▶ 34	
35.	Part C 5.3% long-term capital gains taxable to fiduciary. Subtract line 34 from line 33. Not less than "0"	35	21310
36.	Nonresident/charitable deduction. Not less than "0."	▶ 36	
37.	Net Part C 5.3% long-term capital gain income taxable to fiduciary. Subtract line 36 from line 35. Not less than "0"	37	21310
38.	Tax on Part C 5.3% long-term capital gains.	▶ 38	1129

**2006 Form 2, pg. 3**

**MA0600231024**

Massachusetts Fiduciary Income Tax Return

**JOHN CORNING WARE TRUST**

**40-8888888**

39.	Credit recapture: ▶	BC	EOA	LIH	HR	▶	39	
40.	Total tax. Add lines 22, 30, 38 and 39						40	1129
41.	Credit for income taxes paid to other jurisdictions (enclose Schedule F)						41	
42.	Lead Paint Credit						42	
43.	Economic Opportunity Area Credit						43	
44.	Full Employment Credit						44	
45.	Brownfields Credit. Enter certificate number						45	
46.	Low-income Housing Credit						46	
47.	Historic Rehabilitation Credit						47	1000
48.	Home Energy Efficiency Credit						48	
49.	Film Incentive Credit. Enter certificate number						49	
50.	Medical Device Credit. Enter certificate number						50	3000
51.	Total credits. Add lines 41 through 50						51	4000
52.	Credits passed through to beneficiaries on Schedules 2K-1						52	
53.	Credits remaining with fiduciary. Subtract line 52 from line 51						53	4000
54.	Tax after credits. Subtract line 53 from line 40						54	
55.	Massachusetts income tax withheld						55	
56.	2005 overpayment applied to your 2006 estimated tax						56	
57.	2006 Massachusetts estimated tax payments						57	
58.	Payments made with extension						58	
59.	Payment with original return						59	
60.	Total tax payments. Add lines 55 through 59						60	
61.	Overpayment Subtract line 54 from line 60						61	
62.	Amount of overpayment you want applied to your 2007 estimated taxes						62	
63.	Amount of your refund. Subtract line 62 from line 61						63	
64.	Tax due. Subtract line 60 from line 54. Use Form 2-PV						64	
	Interest ▶		Penalty ▶		M-2210F amt. ▶			
								EX enclose
								Form M-2210F

**BE SURE TO SIGN RETURN ON PAGE 1**

**11-03-2006 15:54:17**

# Schedule B

## Interest, Dividends and Certain Capital Gains and Losses

**2006**  
**Massachusetts**  
**Department of**  
**Revenue**

Name of estate or trust

Estate or trust employer identification number

**JOHN CORNING WARE TRUST**

**40-8888888**

1 Total interest (from U.S. Form 1041, line 1; or Form 1041-QFT, line 1) . . . . .	1	600	
2 Total dividends (from U.S. Form 1041, line 2a; or Form 1041-QFT, line 2a) . . . . .	2	2843	
3 Other interest and dividends not included above . . . . .	3		
4 Total interest and dividends. Add lines 1 through 3 . . . . .	4		3443
5 Interest on U.S. debt obligations included in line 4 . . . . .	5		
6 Interest from Massachusetts banks reported in Form 2, line 5 (5.3% income) . . . . .	6	600	
7 Other exclusions (see instructions). Attach list of exclusions, if any . . . . .	7		
8 Total adjustments. Add lines 5 through 7 . . . . .	8		600
9 Subtotal. Subtract line 8 from line 4 . . . . .	9		2843
10 Allowable deductions from your trade or business (from Massachusetts Schedule C-2) . . . . .	10		
11 Subtotal. Subtract line 10 from line 9 . . . . .	11		2843
12 Short-term capital gains (included in U.S. Form 1041, Schedule D, Part I, lines 1 through 3) . . . . .	12	1553	
13 Long-term capital gains on collectibles and pre-1996 installment sales (from Massachusetts Schedule D, line 11) . . . . .	13		
14 Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less (from U.S. Form 4797) . . . . .	14		
15 Add lines 12 through 14 . . . . .	15		1553
16 Allowable deductions from your trade or business (from Massachusetts Schedule C-2) . . . . .	16		
17 Subtotal. Subtract line 16 from line 15 . . . . .	17		1553
18 Short-term capital losses (included in U.S. Form 1041, Schedule D, Part I, lines 1, 2 and 3) . . . . .	18	-2667	
19 Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less (from U.S. Form 4797) . . . . .	19		
20 Prior short-term losses for years beginning after 1981 (from 2005 Mass. Schedule B, line 42) . . . . .	20		
21 Combine lines 17 through 20. If a positive amount, go to line 26. If the total is a loss, go to line 22 . . . . .	21		-1114
22 Short-term capital losses applied against interest and dividends. Enter the smaller of line 11 or line 21 (as a positive amount). Not more than \$2,000 . . . . .	22	1114	
23 Subtotal. Combine lines 21 and 22 . . . . .	23		
24 Short-term capital losses applied against long-term capital gains . . . . .	24		
25 Short-term losses available for carryover in 2007. Combine lines 23 and 24 and enter result here and in line 41, omit lines 26 through 29, enter "0" in line 30, and complete lines 31 through 40 . . . . .	25		
26 Short-term gains and long-term gains on collectibles. Enter amount from line 21. See instructions . . . . .	26		
27 Long-term capital losses applied against short-term capital gains . . . . .	27		
28 Subtotal. Subtract line 27 from line 26. Enter result here. If line 28 is "0," omit line 29, and enter "0" in line 30 . . . . .	28		
29 Long-term gains deduction. Complete only if lines 13 and 28 are greater than "0." If line 13 shows a gain, enter 50% of line 13 minus 50% of losses in lines 18, 19, 20 and 27, but not less than "0" . . . . .	29		
30 Short-term gains after long-term gains deduction. Subtract line 29 from line 28 . . . . .	30		0
31 Enter the amount from line 11 . . . . .	31		2843
32 Short-term losses applied against interest and dividends. Enter the amount from line 22 . . . . .	32		1114
33 Subtotal. Subtract line 32 from line 31. See instructions . . . . .	33		1729
34 Long-term losses applied against interest and dividends (from worksheet in instructions) . . . . .	34		
35 Adjusted interest and dividends. Subtract line 34 from line 33 . . . . .	35		1729
36 Adjusted gross interest, dividends and certain capital gains and losses. Add lines 30 and 35. Not less than "0" . . . . .	36		1729
37 Expense and fiduciary compensation deduction. Attach Schedule H. (a) Expense deduction _____ (b) Fiduciary compensation _____ <b>Total . . . 37</b>	37		
38 Taxable interest and dividends and certain capital gains. Subtract line 37 from line 36. Not less than "0" . . . . .	38		1729
39 If line 38 is greater than or equal to line 11, enter the amount from line 11 here and on Form 2, line 14. If line 38 is less than line 11, enter line 38 here and on Form 2, line 14 . . . . .	39		1729
40 Taxable 12% capital gains. Subtract line 39 from line 38. Not less than "0." Enter result here and on Form 2, line 23 . . . . .	40		
41 Available short-term losses for carryover in 2007. Enter amount from line 25 only if it is a loss . . . . .	41		



**Schedule D**  
**Capital Gains and Losses**

**2006**  
**Massachusetts**  
**Department of**  
**Revenue**

Attach copy of U.S. Schedule D.

Name of estate or trust

Estate or trust employer identification number

**JOHN CORNING WARE TRUST**

**40-8888888**

1	Enter amounts included in U.S. Form 1041, Schedule D, line 6, col. f . . . . .	.1	
2	Enter amounts included in U.S. Form 1041, Schedule D, line 7, col. f . . . . .	.2	21310
3	Enter amounts included in U.S. Form 1041, Schedule D, line 8, col. f . . . . .	.3	
4	Enter amounts included in U.S. Form 1041, Schedule D, line 9, col. f . . . . .	.4	
5	Enter amounts included in U.S. Form 1041, Schedule D, line 10, col. f . . . . .	.5	
6	Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II (not included in lines 1 through 5). See instructions . . . . .	.6	
7	Carryover losses from prior years . . . . .	.7	
8	Combine lines 1 through 7 . . . . .	.8	21310
9	Massachusetts differences, if any (enclose additional statement) . . . . .	.9	
10	Massachusetts 2006 gains or losses. Exclude/subtract line 9 from line 8 . . . . .	10	21310
11	Long-term gains on collectibles and pre-1996 installment sales. Also enter this amount in Schedule B, line 13 . . . .	11	
12	Subtotal. Subtract line 11 from line 10 . . . . .	12	21310
13	Capital losses applied against capital gains . . . . .	13	
14	Subtotal. If line 12 is less than "0," combine lines 12 and 13. If line 12 is greater than "0," subtract line 13 from line 12 .	14	21310
15	Long-term capital losses applied against interest and dividends (from worksheet in instructions) . . . . .	15	
16	Subtotal. Combine lines 14 and 15 . . . . .	16	21310
17	Allowable deductions from your trade or business (from Massachusetts Schedule C-2) . . . . .	17	
18	Subtotal. Subtract line 17 from line 16. Enter result here and on Form 2, line 31 . . . . .	18	21310
19	Long-term capital losses available for carryover in 2007, if any . . . . .	19	

**2006 Schedule B/R**

MA06BRE11024

Beneficiary/Remaindermen

JOHN CORNING WARE TRUST

40-8888888

CAROL CORNING WARE

654-98-7321

1 ELM STREET

CAMBRIDGE

MA 02141

State of legal domicile **MA** Select applicable items: **X** Beneficiary RemaindermenTotal income **34721** Percentage of income **0.5000** Percentage of taxable income **0.5000**

BILLY BOWL

456-78-9211

15 MAIN STREET

CAMBRIDGE

MA 02141

State of legal domicile **MA** Select applicable items: **X** Beneficiary RemaindermenTotal income **34721** Percentage of income **0.5000** Percentage of taxable income **0.5000**

State of legal domicile Select applicable items: Beneficiary Remaindermen

Total income Percentage of income Percentage of taxable income

State of legal domicile Select applicable items: Beneficiary Remaindermen

Total income Percentage of income Percentage of taxable income

**Income Summary**

1.	Accumulated income	1	
2.	Total of beneficiaries' income	2	69442
3.	Accumulated capital gain	3	
4.	Total remaindermen's income	4	21310

11-03-2006 15:54:17

**Schedule IDD**  
**Income Distribution Deduction**

**2006**  
**Massachusetts**  
**Department of**  
**Revenue**

Name of estate or trust

**JOHN CORNING WARE TRUST**

Estate or trust employer identification number

**40-8888888**

**Part 1. Income Distribution Deduction - Part B Income**

1	Total Part B 5.3% income. From line 9 of Form 2 . . . . .	1	<u>67713</u>
2	Enter the amount of total Part B 5.3% income included in line 1 required to be distributed currently . . . . .	2	<u>67713</u>
3	Enter any other amounts included in line 1 paid, credited or otherwise required to be distributed . . . . .	3	
4	Total distributions. Add lines 2 and 3 . . . . .	4	<u>67713</u>
5	Income distribution deduction. Enter the smaller of line 1 or line 4 here and on line 10 of Form 2 . . . . .	5	<u>67713</u>

**Part 2. Income Distribution Deduction - Part A Interest and Dividend Income**

6	Total Part A 5.3% interest and dividend income. From line 16 of Form 2 . . . . .	6	<u>1729</u>
7	Enter the amount of total Part A 5.3% interest and dividend income included in line 6 required to be distributed currently . . . . .	7	<u>1729</u>
8	Enter any other amounts included in line 6 paid, credited or otherwise required to be distributed . . . . .	8	
9	Total distribution Add lines 7 and 8 . . . . .	9	<u>1729</u>
10	Income distribution deduction. Enter the smaller of line 6 or line 9 here and on line 17 of Form 2 . . . . .	10	<u>1729</u>

**Part 3. Income Distribution Deduction - Part A 12% Capital Gains**

11	Total Part A 12% capital gains. From line 25 of Form 2 . . . . .	11	
12	Enter the amount of total Part A 12% capital gains included in line 11 required to be distributed currently . . . . .	12	
13	Enter any other amounts included in line 11 paid, credited, or otherwise required to be distributed . . . . .	13	
14	Total distribution. Add lines 12 and 13 . . . . .	14	
15	Income distribution deduction. Enter the smaller of line 11 or line 14 here and on line 26 of Form 2 . . . . .	15	

**Part 4. Income Distribution Deduction - Part C 5.3% Capital Gains**

16	Total Part C 5.3% long-term capital gains. From line 33 of Form 2 . . . . .	16	<u>21310</u>
17	Enter the amount of total Part C 5.3% long-term capital gains included in line 16 required to be distributed currently . . . . .	17	
18	Enter any other amounts included in line 16 paid, credited, or otherwise required to be distributed . . . . .	18	
19	Total distributions. Add lines 17 and 18 . . . . .	19	
20	Income distribution deduction. Enter the smaller of line 16 or line 19 here and on line 34 of Form 2 . . . . .	20	

# Schedule 2K-1

## Beneficiary's Massachusetts Information

**2006**

**Massachusetts**  
**Department of**  
**Revenue**

Name of estate or trust <b>JOHN CORNING WARE TRUST</b>		Estate or trust employer identification <b>40-8888888</b>	
Name of beneficiary <b>CAROL CORNING WARE</b>	Legal domicile of beneficiary (state) <b>MA</b>	Beneficiary's identification number <b>654-98-7321</b>	
Mailing address of beneficiary <b>1 ELM STREET</b>	City/Town <b>CAMBRIDGE</b>	State <b>MA</b>	Zip <b>02141</b>
Name of fiduciary <b>JAMES W. CORRELL, JR.</b>			
Mailing address of fiduciary <b>PO BOX 428</b>		City/Town <b>CAMBRIDGE</b>	State <b>MA</b>
In care of address	City/Town <b>CAMBRIDGE</b>	State <b>MA</b>	Zip <b>02141</b>

Check if: ☐ Amended 2K-1 ☐ Final 2K-1

Beneficiary's percentage of taxable income 50.0000

What type of entity is this beneficiary? ☒ Individual ☐ Estate/trust ☐ Charitable organization ☐ Other

Is this beneficiary a nonresident of Massachusetts? ☐ Yes ☒ No

### Allocable share item

#### Part B income

	a. Amount from federal 1041 allocable to this beneficiary	b. Massachusetts adjustments	c. Total amounts using Mass- achusetts law (see instructions) add col's. a and b	d. Massachusetts source income (see instructions)
1 Wages, salaries, tips and other employee compensation . . . 1				
2 Taxable pensions and annuities . . . . . 2	22500		22500	22500
3 Business/profession or farm income or loss . . . . . 3	7559		7559	7559
4 Rental, royalty and REMIC income or loss . . . . . 4	3497		3497	3497
5 Massachusetts bank interest . . . . . 5	300		300	300
6 Other income, such as winnings, lump-sum distributions, etc. (itemize) . . . . . 6				
7 Deductions allowed decedents . . . . . 7				

#### Part A interest and dividend income

8 Interest and dividend income (do not include income from common trust funds) . . . . . 8	865		865	865
9 Common trust fund interest and dividend income . . . . . 9				

#### Part A capital gains

10 Taxable Part A 12% capital gains (do not include income from common trust funds) . . . . . 10				
11 Part A 12% short-term common trust fund capital gains . . 11				

#### Part C capital gains

12 Part C 5.3% long-term capital gains (do not include income from common trust funds) . . . . . 12				
13 Part C 5.3% long-term common trust fund capital gains . . 13				

#### Withholding and credits

14 Taxes paid to other jurisdictions and other credits . . . . . 14				
15 Massachusetts income tax withheld by trustee . . . . . 15				

# Schedule 2K-1

## Beneficiary's Massachusetts Information

**2006**

**Massachusetts**  
**Department of**  
**Revenue**

Name of estate or trust <b>JOHN CORNING WARE TRUST</b>		Estate or trust employer identification <b>40-8888888</b>	
Name of beneficiary <b>BILLY BOWL</b>	Legal domicile of beneficiary (state) <b>MA</b>	Beneficiary's identification number <b>456-78-9211</b>	
Mailing address of beneficiary <b>15 MAIN STREET</b>	City/Town <b>CAMBRIDGE</b>	State <b>MA</b>	Zip <b>02141</b>
Name of fiduciary <b>JAMES W. CORRELL, JR.</b>			
Mailing address of fiduciary <b>PO BOX 428</b>		City/Town <b>CAMBRIDGE</b>	State <b>MA</b>
In care of address		Zip <b>02141</b>	

Check if: ☐ Amended 2K-1 ☐ Final 2K-1

Beneficiary's percentage of taxable income 50.0000

What type of entity is this beneficiary? ☒ Individual ☐ Estate/trust ☐ Charitable organization ☐ Other

Is this beneficiary a nonresident of Massachusetts? ☐ Yes ☒ No

### Allocable share item

#### Part B income

	a. Amount from federal 1041 allocable to this beneficiary	b. Massachusetts adjustments	c. Total amounts using Mass- achusetts law (see instructions) add col's. a and b	d. Massachusetts source income (see instructions)
1 Wages, salaries, tips and other employee compensation . . . 1				
2 Taxable pensions and annuities . . . . . 2	22500		22500	22500
3 Business/profession or farm income or loss . . . . . 3	7559		7559	7559
4 Rental, royalty and REMIC income or loss . . . . . 4	3498		3498	3498
5 Massachusetts bank interest . . . . . 5	300		300	300
6 Other income, such as winnings, lump-sum distributions, etc. (itemize) . . . . . 6				
7 Deductions allowed decedents . . . . . 7				

#### Part A interest and dividend income

8 Interest and dividend income (do not include income from common trust funds) . . . . . 8	864		864	864
9 Common trust fund interest and dividend income . . . . . 9				

#### Part A capital gains

10 Taxable Part A 12% capital gains (do not include income from common trust funds) . . . . . 10				
11 Part A 12% short-term common trust fund capital gains . . 11				

#### Part C capital gains

12 Part C 5.3% long-term capital gains (do not include income from common trust funds) . . . . . 12				
13 Part C 5.3% long-term common trust fund capital gains . . 13				

#### Withholding and credits

14 Taxes paid to other jurisdictions and other credits . . . . . 14				
15 Massachusetts income tax withheld by trustee . . . . . 15				